

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010624

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 632

Primary Registration District No. 3021

Registrar's No. 62

FILED MAR 28 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		c. CITY OR TOWN <b>TRENTON</b>	
Length of stay in lb <b>38 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WRIGHT HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>206 E. 10th</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>H.</b> Last <b>TRIPP</b>		4. DATE OF DEATH Month <b>MAR.</b> Day <b>20.</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/28/1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CEMENT PRODUCTS, RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CEMENT PRODUCTS</b>	
11. BIRTHPLACE (City and state or country) <b>QUITMAN, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM HENRY TRIPP</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE ADAIR</b>	
14. NAME OF HUSBAND OR WIFE <b>EFFIE TRIPP</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. INFORMANT <b>EFFIE TRIPP</b>		Address <b>206 E. 10th</b>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of prostate</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:25</b> a.m. <b>p.m.</b> Month, Day, Year <b>March 1st - 1960</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>March 20th 1962</b>		20f. CITY, TOWN, OR LOCATION <b>Trenton Mo</b>	
21. I attended the deceased from <b>March 1st - 1960</b> to <b>March 20th 1962</b> and last saw him alive on <b>March 20th 1962</b>		Death occurred at <b>9:25 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated	
22a. SIGNATURE <b>Olevis F. Duffey</b>		22b. ADDRESS <b>Trenton Mo</b>	
22c. DATE SIGNED <b>3/30/1962</b>		22d. STATE <b>MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAR 22 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>100 F CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>EDINBURG</b>		23e. STATE <b>MO.</b>	
24. FUNERAL DIRECTOR <b>DAVIS-BLACKMORE, TRENTON, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-22-62</b>	
26. REGISTRAR'S SIGNATURE <b>Gene Fair</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

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BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wendell Blackmer*

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.